| | |
|---|---|
| **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS** | |

| Application Number | 10/587,537 |
|---|---|
| Filing Date | June 7, 2007 |
| First Named Inventor | Ernest MESTROVIC |
| Art Unit | 1625 |
| Examiner Name | Seaman, D. Margaret |
| Attorney Docket Number | |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:     **26111**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:     **26111**

**OR**

| ☐ Firm or Individual Name | |
|---|---|
| Address | |
| | |
| City | State | Zip |
| Country | |
| Telephone | Email |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

| Signature | _(signature)_ |
|---|---|
| Name | ANDREW BROWN |
| Date | 01 SEPT 2008 | Telephone |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐   *Total of   1   forms are submitted.